

EDITORIAL

Approaches in Health and Health Research in Public Health

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Epidemiological studies on the major determinants of health have resulted in various developments in the discoveries of causal factors of diseases in a community, which subsequently influence the approaches to health promotion and prevention of diseases in the public health sector. The germ theory created the history of medicine with the major discovery of *Vibrio cholera* as a causative agent of cholera. Ever since, the determinants of health and diseases have changed. The basic epidemiological model of host, pathogen and environment has been criticised as being a too simple model of disease causation. Several models of disease causation were developed over time which includes the biomedical model and multi-causality model (1). Epidemiologic transition was introduced which incorporates broader considerations of causative factors in its three transition models: classical, accelerated and delayed model (2). These models show that contacting a disease goes beyond contacting a germ. Further progress in the epidemiology of diseases with the discovery of oncovirus as a causative agent of a disease, such as cervical cancer and hepatocellular carcinoma, has blurred the fine line between communicable and non-communicable diseases (3). These epidemiological developments raise the need for further research on the diversity of health influences and understanding the health needs of individuals.

In understanding the health influences and health needs of individuals and community, issues of health equity, marginalization and social determinants of health need to be addressed and cannot be ignored. Studying the social determinants of health in the context of social epidemiology adds up to the complexity of health, illness and wellbeing. It changes the approach to health from focus on the human body to a wider framework of influences which impacts not only the individual, but also the community, the dynamics of a population and the socioeconomic development of a country. Therefore, individuals and communities with the same disease cannot be explained with the same pathway. Stereotyping disease mediators and pathways will dilute the uniqueness of how different factors affect different individuals differently. If health equity and social justice are to be achieved in public health promotion

and prevention strategies, policy makers need to acknowledge the equity gap and specific health needs of population groups (4). Practical approaches in research in identifying the health differences will need the integration between the researcher and the researched. On similar grounds, actions and programmes related to health promotion and prevention of diseases in public health should also meet the specific needs of the different groups of people. Two important points for this change are the complexity of the web of social determinants and the unique pathways of health between different groups of people which cannot be ignored. This will ensure that preventive programmes will fulfil the health needs of different community. There has been development in the approach to research to involve the participants in health promotion and prevention of diseases. Examples of such research are the action research and participatory action research.

Action research is not new in the field of research. It was coined by Lewin in 1946. However, it is a more popular research design in the field of education. In health promotion, not many researchers have adopted this method (5). The process of action research focuses not only on investigation a research problem, but it also involves resolving the issues and improvement of practice. Health promotion activities are sometimes faced with resistance and non-effectiveness among the target group. Action research is grounded at the community or target group level. Thus, it will be more acceptable and user-friendly. It engages the participants and empowers them to decide on the best plan of action and training of the target groups. The research is guided by cycles of observe, reflect, act, evaluate, and modify (6). Throughout the research cycles, participants are actively involved in the planning and outcome of the intervention. Their ideas, opinion and needs are being addressed. Thus, ensuring the success of an intervention catered to the needs of the target group.

Participatory action research goes further in the involvement of individuals in the research by engaging them in the planning and implementation of the methodology of the research. The participants themselves then take actions to improve their health

and health behaviours. Thus, this empowers them with a sense of being in control and reduces the professional dominance (7). The outcome, therefore, is based on needs assessment and the sociocultural understanding of individuals in the community. Participatory action research has been used in various health interventions in public health with successful results (8).

Research in public health and epidemiology of diseases are dynamic and new findings bring about new dimension to the approach to health, illness and wellbeing. Health policies need to be nurtured with practical approaches to ensure significant improvements in morbidity and mortality patterns of a population, which in turn will ensure the stability of the socioeconomic growth of a country. Recognition of the unequal distribution of determinants among different groups of the community calls for specific strategies in health promotion and prevention of diseases.

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